

Patients Perspectives on Musculoskeletal Healthcare in Alberta: System Roadblocks & Workarounds

Preliminary findings from a provincial qualitative study

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Background

- Musculoskeletal (MSK) conditions, specifically those affecting the low back, knees, and shoulders, have a significant impact on patients' well-being as they are related to dysfunction, disability, and increased healthcare use [1-3].
- To effectively address resulting dysfunction and pain, these MSK conditions need early and accurate assessment and treatment.
- Yet, many Albertans report challenges in receiving high-quality MSK healthcare in Alberta.
- To improve the MSK healthcare in Alberta, there is a need to better understand the current state of care from multiple perspectives, including the experiences of patients accessing the healthcare system for their MSK conditions.

Objective: To explore the patient experience of receiving healthcare for shoulders, knee, and low back issues in Alberta.

Methods

Recruitment: Study recruitment occurred using printed and online flyers posted in libraries and YMCAs across Alberta, online via University and clinic websites, and social media (LinkedIn, Facebook, Reddit).

Participants: Adults who have received and/or tried to receive healthcare for their shoulder, knee, or low back issues in Alberta.

Interview: One-on-one semi-structured telephone interviews, approximately 60 minutes in length.

Data analysis: Inductive and deductive coding of full transcripts using an interpretive descriptive approach [4] and framework analysis [5], supported by NVIVO 14 software.

Ethics: Ethical approval was obtained from the University of Calgary Conjoint Health Research Ethics Board (Study ID: REB22-0881).

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- Study recruitment was based on a maximum variation sampling strategy to include participants across sex and age, as well as geography, clinic type, and body area of concern.
- Our analysis contextualized findings across these characteristics.
- Our diverse research team consisted of researchers from a variety of educational and professional backgrounds, including researchers with patient-to-patient training.
- These patient researchers have been involved in all phases of the study including framework development, data collection and analysis, and knowledge translation activities.

Participant Characteristics

- Most the sample lived in Calgary (50.7%) Zone or Edmonton (19.4%) Zone. 6.0% of the sample lived in the North Zone, 6.0% in the Central Zone, and 10.5% in the South Zone.
- Over half of the sample was female (56.7%) and participants ranged in age from 28 to 78 years of age.
- 33.0% of the sample had MSK issues in more than one joint, the sample was evenly split across knee, shoulder, and low back issues.

System Roadblocks

Roadblock 1 – Primary care

- Does not have a family doctor

Roadblock 2 – Assessment

- Family doctor is a gatekeeper (Diagnostic Imaging (DI), specialist assessment/diagnostics)
- Referral processing issues (lost, incorrect, inappropriate)
- Limited knowledge among family doctors of MSK conditions and resources

Roadblock 3 – Specialist consult

- Screeners block direct access to surgeon
- Restricted follow-up options
- Requires a doctor referral (family doctors, sports medicine doctor)
- Lack of specialists
- Referral processing issues (lost, incorrect, inappropriate)

Roadblock 4 – Initiation of treatment

- Providers lack knowledge or expertise to address MSK health problems
- Lack of needed treatment/ provider available in Alberta
- Most MSK care is unaffordable in the private sector
- Lack of diagnosis or wrong diagnosis
- Referral processing issues (lost, incorrect, inappropriate)

Roadblock 5 – System exit

- Ineffective treatment
- Inappropriate treatment
- Lack of treatment options
- Treatment of symptoms rather than the underlying cause

Patient Workarounds

Draw upon personal or social resources

- Use connections with providers and other patients to identify desired provider
- Use personal/professional networks to facilitate access to some providers (Roadblock 1, 2, 3, 4, 5)
- Pay out-of-pocket (for DI, specialist) (Roadblock 2, 3, 4)
- Pay for private health care services (Roadblock 1,2,3,4)
- Do their own research when uncertain or questions are not answered (Roadblock 1,2,3,4)

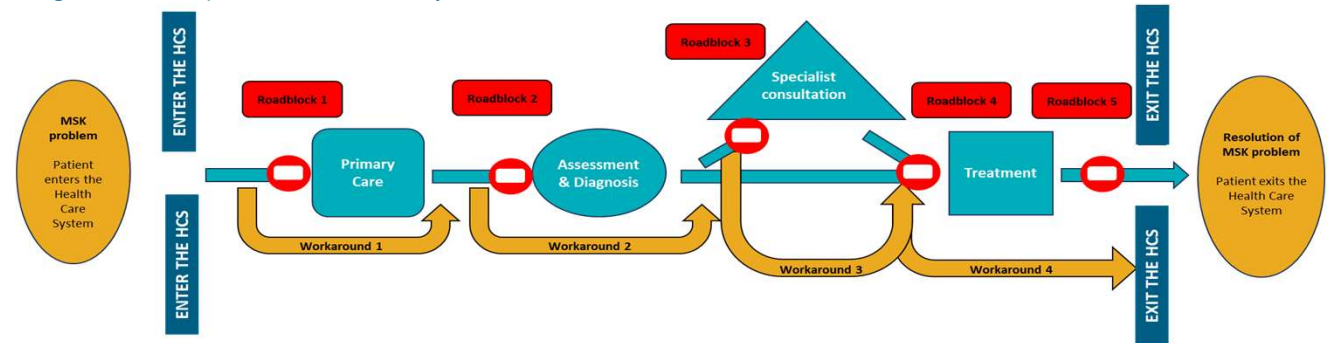
Go outside the system

- Pay for consultation outside the province and the country (Roadblock 3)
- Pay for treatment outside the province and the country (Roadblock 2,3,4)
- Go back to providers where the patient has a history (Roadblock 1, 3, 4)

Undertake the burden of making the system work for them

- Seek providers who are connected to primary care for a referral (Roadblock 1)
- Put themselves on waitlists (Roadblock 2,3,4)
- Follow up on referral status (Roadblock 2,3,4)
- Bypass family doctors/specialists and self-refer to Physiotherapists and Chiropractors (Roadblock 1)
- Change providers in same or different profession (Roadblock 4)

Figure 1: Patient-perceived health care system roadblocks and workarounds



Key Insights

- Steps in the MSK care pathway are often perceived as barriers rather than enablers to accessing quality MSK care and services.
- In its current state, the MSK care system is perceived to be provider-centric rather than patient-centric.
- Moving through the MSK care system is often circuitous, discontinuous, long, and frustrating.
- Our participant sample are "savvy system users" – they often have connections within the system, resources, and/or knowledge of the system.

References

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Implications

- Navigating the current MSK care system, and its roadblocks, itself has negative health impacts (physical, mental, emotional, social and economic).
- Patients' use of the health care system cannot be fully understood without recognizing the person's experience of living with the condition. This directly impacts how they use the system.
- Without integration of patient experience and recommendations it is likely that any system redesign will continue to be provider-focused, and patients will continue to struggle to access the MSK care they need.

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